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THE MPD ACADEMY APPLICATION



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EQUAL OPPORTUNITY EMPLOYER



A C Wharton, Jr. • Mayor of Memphis

Larry A. Godwin • Director of Police



**Memphis Police Department
Police Officer and Police Service Technician
Application Packet**



This packet contains the following information

- High School transcript request form
- College transcript request form
- Personal History Statement
- Application for Employment Form

Read all information carefully and fill out all forms completely.

CONSEQUENCES OF FALSIFICATION

ANY misrepresentation, falsification or omissions given on ANY FORM herein is just cause for rejecting your application. It will also disqualify you from making application in the future for positions with the Memphis Police Department. I also understand that these statements may subject me to termination.

**Employment Service Center
125 North Main Street
RM 1B-33
Memphis, TN 38103
(901) 576-6509
Web Address: www.memphistn.gov**

MEMPHIS POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

PLEASE READ:

Answer each question on this form. Information must be HANDWRITTEN AND PRINTED IN BLACK INK (DO NOT TYPE). If additional information must be submitted in relationship to a specific question, please submit this information on additional sheets of 8 1/2" x 11" paper (NO SCRAP SHEETS) and attach them to this form. Precede each answer with the number and letter of the referenced section. DO NOT MISSTATE OR OMIT ANY FACTS, as all information is verified. ACCURACY IS ESSENTIAL. ANY FALSE STATEMENTS OR INFORMATION KNOWINGLY OMITTED IN THIS QUESTIONNAIRE IS JUST CAUSE FOR DENYING OR TERMINATING YOUR APPLICATION. There are to be no UNKNOWN or UNANSWERED questions when this form is completed and turned in. If a question or the information requested does not apply, indicate this by using the symbol N/A (not applicable). Should this questionnaire be UNSATISFACTORILY FILLED OUT, you will be rejected from further consideration.

When the Personal History Statement is turned in, the following support documents MUST ALSO BE TURNED IN:

1. Copy of your Birth Certificate for us to retain.
2. Original valid Driver's License (for ID purposes only), plus a copy of valid Driver's License.
3. Your original Military DD214 (including character of discharge section), and any other discharge document(s), if applicable, for us to retain.
4. Active Reserves who currently attend Military Drills must submit a Military Letter of Good Standing. This letter can be obtained from a staff member upon receipt of your Application Packet. The applicant must submit all original DD214 discharge documents as soon as they become available to the applicant.
5. Applicants who have previously served in the Active Reserves MUST submit a copy of their discharge papers, showing character of discharge from the Reserve Unit.
6. All PST applicants must submit transcripts from All colleges attended.
7. Copy of High School diploma, GED, or High School transcript.

FAILURE TO TURN IN THESE DOCUMENTS WILL RESULT IN YOUR APPLICATION BEING REJECTED BY THE MEMPHIS POLICE DEPARTMENT.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND ALL OF THE ABOVE STATED INFORMATION.

Signature: _____ Date: _____

This packet must be in **HANDWRITTEN IN BLACK INK (DO NOT TYPE)**.

****Please Print**** If this application packet is NOT LEGIBLE, it WILL NOT be accepted.

1. PERSONAL HISTORY

Date: _____ Position Applied For: _____ - _____

A. _____
Full Name (Last) (First) (Middle) Sex/Race Date of Birth

B. _____
Current Street Address Apt#. City State Zip Code

C. _____
Home Phone Work Phone Work Hours Days Off

D. _____
Name and phone number of a neighbor or relative with whom you are in regular contact, where a message can be left for you.

E. Are you a United States Citizen? ____YES ____NO

Social Security Number Birthplace City State

F. _____
List any maiden name or any other names that you have ever used, including all married names or nicknames, etc.

Have you ever had your name changed? ____YES ____NO (If yes, provide documentation)

G. Marital Status Single Married Divorced Separated Widowed

H. Driver's License _____
License Number State Type/Class (Operator D, etc.)

Expiration Date Conditions (Corrective Lens, etc.)

2. FAMILY HISTORY

A. _____
Full Name of Present Spouse Maiden Name Age Date of Birth

B. _____
Present Employment of Spouse Address City State Phone #

C. _____
Full Name of **former** Spouse(s) Maiden Name Age Date of Birth

3. RESIDENCE

A. Chronologically list all residences since your 18th birthday, regardless of the time you resided there beginning with your present address. If in military service, list dates, branch and duty stations, to include off base residences. List addresses while attending school if away from home. Note when living with parents by indicating with an asterisk(*).

FROM MO./YR.	TO MO./YR.	COMPLETE ADDRESS	CITY/ STATE	ZIP

4. EDUCATION

SCHOOL NAME	LOCATION	DATES: FROM-TO	YEAR OF GRADUATION	CREDIT HOURS OR DEGREE
HIGH SCHOOL				
G.E.D.				
COLLEGE/ UNIVERSITY				
GRADUATE SCHOOL				
TRADE/BUSINESS OTHER SCHOOLS				

5. EMPLOYMENT TERMINATION

A. Have you ever been dismissed, fired or asked to resign from any employment or position you have held knowing that you would be fired or terminated if you did not resign? ____YES ____NO

If yes, explain below:

TERMINATIONS:

COMPANY NAME:_____

STREET ADDRESS:_____

DATES OF EMPLOYMENT: FROM _____ TO _____

POSITION:_____ SUPERVISOR:_____

PHONE #: _____

EXPLAIN IN DETAIL CIRCUMSTANCES OF TERMINATION_____

(If needed, additional information may be submitted on the next page.)

COMPANY NAME:_____

STREET ADDRESS:_____

DATES OF EMPLOYMENT: FROM _____ TO _____

POSITION:_____ SUPERVISOR:_____

PHONE #: _____

EXPLAIN IN DETAIL CIRCUMSTANCES OF TERMINATION_____

(If needed, additional information may be submitted on the next page.)

TERMINATION 1:_____

TERMINATION 2:_____

6. EMPLOYMENT

A. MAY WE CONTACT YOUR CURRENT EMPLOYER? ____YES ____NO

B. On the following four pages you will find employment sheets. Please list your entire employment history, including **part-time**, **temporary**, and **seasonal** regardless of time employed. Begin with your current employment or most recent job and work backwards. If unemployed, list dates of unemployment. It is very important that employment information is accurate and must cover from **HIGH SCHOOL GRADUATION TO PRESENT**.

If additional employment sheets are needed, please make photocopies prior to filling out any forms.

When completing the attached Employment Sheets please **LIST ALL AREA CODES AND ZIP CODES. MAKE SURE THAT ALL ADDRESSES AND PHONE NUMBERS ARE COMPLETE AND CORRECT.**

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Date of Employment: FROM:____/____/____ TO:____/____/____

Phone #:____(____)_____ Position:_____

Work Duties:_____

Reason for Leaving (explain in detail):_____

FOR INVESTIGATIVE USE ONLY

POSTIVE____NEGATIVE____VERIFIED ONLY____NOT VERIFIED____

PERSON INTERVIEWED:_____ TITLE_____

EXACT DATES OF EMPLOYMENT: FROM:____/____/____ TO:____/____/____

POSITION HELD:_____ ELIGIBLE FOR REHIRE: YES____NO____

ADDITIONAL COMMENTS:_____

INVESTIGATOR:_____ DATE:_____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Employment: FROM: ____/____/____ TO: ____/____/____

Phone #: ____ (____) _____ Position: _____

Work Duties: _____

Reason for Leaving (explain in detail): _____

FOR INVESTIGATIVE USE ONLY

POSTIVE _____ NEGATIVE _____ VERIFIED ONLY _____ NOT VERIFIED _____

PERSON INTERVIEWED: _____ TITLE _____

EXACT DATES OF EMPLOYMENT: FROM: ____/____/____ TO: ____/____/____

POSITION HELD: _____ ELIGIBLE FOR REHIRE: YES _____ NO _____

ADDITIONAL COMMENTS: _____

INVESTIGATOR: _____ DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Employment: FROM: ____/____/____ TO: ____/____/____

Phone #: ____ (____) _____ Position: _____

Work Duties: _____

Reason for Leaving (explain in detail): _____

FOR INVESTIGATIVE USE ONLY

POSTIVE _____ NEGATIVE _____ VERIFIED ONLY _____ NOT VERIFIED _____

PERSON INTERVIEWED: _____ TITLE _____

EXACT DATES OF EMPLOYMENT: FROM: ____/____/____ TO: ____/____/____

POSITION HELD: _____ ELIGIBLE FOR REHIRE: YES _____ NO _____

ADDITIONAL COMMENTS: _____

INVESTIGATOR: _____ DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Employment: FROM: ____/____/____ TO: ____/____/____

Phone #: ____ (____) _____ Position: _____

Work Duties: _____

Reason for Leaving (explain in detail): _____

FOR INVESTIGATIVE USE ONLY

POSTIVE _____ NEGATIVE _____ VERIFIED ONLY _____ NOT VERIFIED _____

PERSON INTERVIEWED: _____ TITLE _____

EXACT DATES OF EMPLOYMENT: FROM: ____/____/____ TO: ____/____/____

POSITION HELD: _____ ELIGIBLE FOR REHIRE: YES _____ NO _____

ADDITIONAL COMMENTS: _____

INVESTIGATOR: _____ DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Employment: FROM: ____/____/____ TO: ____/____/____

Phone #: ____ (____) _____ Position: _____

Work Duties: _____

Reason for Leaving (explain in detail): _____

FOR INVESTIGATIVE USE ONLY

POSTIVE _____ NEGATIVE _____ VERIFIED ONLY _____ NOT VERIFIED _____

PERSON INTERVIEWED: _____ TITLE _____

EXACT DATES OF EMPLOYMENT: FROM: ____/____/____ TO: ____/____/____

POSITION HELD: _____ ELIGIBLE FOR REHIRE: YES _____ NO _____

ADDITIONAL COMMENTS: _____

INVESTIGATOR: _____ DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Employment: FROM: ____/____/____ TO: ____/____/____

Phone #: ____ (____) _____ Position: _____

Work Duties: _____

Reason for Leaving (explain in detail): _____

FOR INVESTIGATIVE USE ONLY

POSTIVE _____ NEGATIVE _____ VERIFIED ONLY _____ NOT VERIFIED _____

PERSON INTERVIEWED: _____ TITLE _____

EXACT DATES OF EMPLOYMENT: FROM: ____/____/____ TO: ____/____/____

POSITION HELD: _____ ELIGIBLE FOR REHIRE: YES _____ NO _____

ADDITIONAL COMMENTS: _____

INVESTIGATOR: _____ DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Employment: FROM: ____/____/____ TO: ____/____/____

Phone #: ____ (____) _____ Position: _____

Work Duties: _____

Reason for Leaving (explain in detail): _____

FOR INVESTIGATIVE USE ONLY

POSTIVE _____ NEGATIVE _____ VERIFIED ONLY _____ NOT VERIFIED _____

PERSON INTERVIEWED: _____ TITLE _____

EXACT DATES OF EMPLOYMENT: FROM: ____/____/____ TO: ____/____/____

POSITION HELD: _____ ELIGIBLE FOR REHIRE: YES _____ NO _____

ADDITIONAL COMMENTS: _____

INVESTIGATOR: _____ DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Employment: FROM: ____/____/____ TO: ____/____/____

Phone #: ____ (____) _____ Position: _____

Work Duties: _____

Reason for Leaving (explain in detail): _____

FOR INVESTIGATIVE USE ONLY

POSTIVE _____ NEGATIVE _____ VERIFIED ONLY _____ NOT VERIFIED _____

PERSON INTERVIEWED: _____ TITLE _____

EXACT DATES OF EMPLOYMENT: FROM: ____/____/____ TO: ____/____/____

POSITION HELD: _____ ELIGIBLE FOR REHIRE: YES _____ NO _____

ADDITIONAL COMMENTS: _____

INVESTIGATOR: _____ DATE: _____

EMPLOYMENT REFERENCE SHEET

Name of Employer or Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Employment: FROM: ____/____/____ TO: ____/____/____

Phone #: ____ (____) _____ Position: _____

Work Duties: _____

Reason for Leaving (explain in detail): _____

FOR INVESTIGATIVE USE ONLY

POSTIVE _____ NEGATIVE _____ VERIFIED ONLY _____ NOT VERIFIED _____

PERSON INTERVIEWED: _____ TITLE _____

EXACT DATES OF EMPLOYMENT: FROM: ____/____/____ TO: ____/____/____

POSITION HELD: _____ ELIGIBLE FOR REHIRE: YES _____ NO _____

ADDITIONAL COMMENTS: _____

INVESTIGATOR: _____ DATE: _____

7. VEHICLE INFORMATION

A. List all vehicles that you own and/or drive for personal use. (Include parents, or others with whom you reside.)

YEAR	MAKE	MODEL	COLOR	AUTO TAG #	STATE	OWN/ BUYING

8. MILITARY RECORD

A. Have you ever been on active duty in the Armed Forces of the United States? ____YES ____NO

If yes:

B. Branch of Military Service_____

C. Type of Discharge_____ **If other than Honorable, explain:**

D. Dates of Active Duty (Month, Day and Year) FROM_____ TO_____

E. Are you a member of a Reserve Unit? ____YES ____NO or National Guard Unit ____YES ____NO

If yes, Branch_____ Ready_____ Standby/RR _____

F. Are you currently active in the military? ____YES ____NO

If yes, what is your anticipated release date?_____

G. If you were in the military, were you ever court-martialed? ____YES ____NO

If yes, explain: _____

Did you ever have any type of disciplinary action taken against you while in the military? (This includes an Article 15 and Captain's Mast, etc.) ____YES ____NO

If yes, explain: _____

9. COURT RECORD

A. Have you ever been **arrested** as an adult or a juvenile (arrest is defined as being taken into custody and transported to a jail/detention facility) or **charged** with a crime as an **adult or a juvenile** (charged with a crime means issued a misdemeanor citation, a juvenile summons, an adult summons, arrested on a warrant, or indicted by a grand jury)? ____YES ____NO

B. List **ALL** times you have been arrested or had criminal charges placed against you, including a detailed explanation of the circumstances (use attached sheets). You must list ALL arrests or charges even if they were dropped or did not result in a conviction and even if the public records of the arrest or charges were expunged and erased and even if you have been told that you do not have to admit to arrests or charges which have been expunged or erased. An independent investigation of your criminal history will be conducted and, **if arrests or charges are found which you did not report, your application will be rejected due to untruthfulness.**

DATE	CITY/STATE	CHARGES	CIRCUMSTANCES	DISPOSITION OF CASE

C. Has your driver's license ever been suspended, cancelled, or revoked? ____YES ____NO

If yes, please explain: _____

Have you ever held a Driver's License(s) in any other state? ____YES ____NO

If yes, which state(s), list license number if known: _____

TRAFFIC TICKETS:

DATE	CITY/STATE	CHARGES	DISPOSITION OF CASE

10. MISCELLANEOUS

A. Based on your religion, are there any special considerations you might request such as handling of a firearm, or days off? ____YES ____NO **If yes,** explain: _____

B. List all relatives employed by the City of Memphis Government, including the Memphis Police Department.

FULL NAME	RELATIONSHIP	WHERE ASSIGNED

C. Are you currently or have you ever been an employee of the City of Memphis or Shelby County Government? ____YES ____NO **If yes,** list what agency, dates of employment and position, and designate whether or not you were a permanent or temporary employee: _____

D. Have you previously submitted an application for employment or tested for the Memphis Police Department or any other law enforcement agency? ____YES ____NO **If yes,** list what agency, dates of employment and position held, and designate whether or not you were a permanent or temporary employee: _____

E. Do you currently posses a Special Officer's (Security Guard) Commission? ____YES ____NO
If yes, list agency issuing commission:

Company Name	Address	Phone	Date of Commission
AGENCY	DATE	POSITION	RESULT

F. Have you ever submitted to a polygraph test? ____YES ____NO **If yes,** explain:_____

G. Are you presently involved or do you have knowledge that you might become involved in any criminal or civil lawsuits?____YES ____NO **If yes,** explain:_____

11. REFERENCES

A. Give three (3) references who are responsible adults of reputable standing in their community that you HAVE KNOWN WELL FOR AT LEAST THREE YEARS AND THAT KNOW YOU. References CANNOT be relatives, former employers or present employers. You MUST include their full names, COMPLETE home address and business address (include city, state, zip code), and correct home or business telephone numbers (including area code), where they may be contacted during normal business hours:

1. _____

Full Name (Last) (First) (Middle)	Years Known		
Current Street Address Apt#.	City	State	Zip Code
Business Address	City	State	Zip Code
()	()		
Home Phone	Work Phone	Contact Time and Location	

2. _____

Full Name (Last) (First) (Middle)	Years Known		
Current Street Address Apt#.	City	State	Zip Code
Business Address	City	State	Zip Code
()	()		
Home Phone	Work Phone	Contact Time and Location	

3. _____

Full Name (Last) (First) (Middle)	Years Known		
Current Street Address Apt#.	City	State	Zip Code
Business Address	City	State	Zip Code
()	()		
Home Phone	Work Phone	Contact Time and Location	

13. APPLICATION PROCESS

- A. If you are applying for the position of Police Officer, and fail to meet the minimum requirements, of age and/or college/experience, do you want to be considered for the position of Police Service Technician (PST)? ____YES ____NO
- B. If you are applying for the position of Police Service Technician (PST) and we discover that you currently qualify for the position of Police Officer, do you want to be considered for the position of Police Officer? ____YES ____NO

I hereby certify that ALL statements made on this application are TRUE and CORRECT to the best of my knowledge. I hereby further certify this application contains no misrepresentations, falsifications or omissions. I further acknowledge that should any investigation (both pre and post employment) at anytime reveal or disclose any such misrepresentations, falsifications, or omission, my application will be rejected and my name may be removed from the employment list. I cannot reapply with the Memphis Police Department because of such false and misleading statements. I also understand that these statements may subject me to termination.

Signature: _____ Date: _____

HIGH SCHOOL TRANSCRIPT FORM

INSTRUCTIONS TO APPLICANT:

1. Please read carefully and completely, fill out the following requested information.
2. Take or mail this form to the High School that you graduated from. If you received your G.E.D. you may want to call first to see where your G.E.D. records are located. If the High School/Board of Education charges a fee for mailing your transcript to us, YOU ARE RESPONSIBLE FOR PAYING THE FEE.
3. Please have the High School/Board of Education mail your transcript or G.E.D. scores directly to the Memphis Police Department at the address listed below.
4. When the Memphis Police Department receives your transcript, it becomes the property of the City of Memphis and cannot be released to any other person or agency. It is your responsibility to contact the Employment Team to make sure they have received your transcript(s) by the stated deadline.

NOTE: ALL TRANSCRIPTS/G.E.D. SCORES MUST BE RECEIVED AT THE MEMPHIS POLICE EMPLOYMENT TEAM BY MAIL FROM YOUR HIGH SCHOOL/BOARD OF EDUCATION. TRANSCRIPTS DELIVERED IN PERSON OR MAILED BY YOU WILL NOT BE ACCEPTED.

Detach the form provided below and mail to the High School that maintains your permanent transcript.

NAME OF HIGH SCHOOL: _____

TO WHOM IT MAY CONCERN: I have applied for a position with the Memphis Police Department. I am requesting that you mail along with this form, a copy of my official high school transcript (showing my graduation date) or my G.E.D. scores to the Memphis Police Department at the following address:

**Employment Service Center
125 North Main Street, RM 1B-33
Memphis, TN 38103**

My name is (Last, First, Middle): _____

My name at the time I attended your school was (Last, First, Middle): _____

My complete mailing address is (include city, state and zip code): _____

My home phone number: _____ My work phone number: _____

My date of birth: _____ My Social Security number: _____

I graduated on: _____ Class of: _____ I received my G.E.D. on: _____

I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY FEE INCURRED AS PART OF THIS REQUEST.

Signature: _____ Date: _____

PLEASE RETURN THIS FORM WITH TRANSCRIPT

COLLEGE TRANSCRIPT REQUEST FORM

INSTRUCTIONS TO APPLICANT:

1. Please read carefully and completely, fill out the following requested information.
2. Take or mail this form to ALL Colleges/Universities that you have attended. A transcript must be received from each college attended. If the College/University charges a fee for mailing your transcript to us, YOU ARE RESPONSIBLE FOR PAYING THE FEE.
3. Have each College/University mail your transcript directly to the Memphis Police Department at the address listed below. It is your responsibility to contact the Employment Team to make sure it has received your transcript(s) by the stated deadline.
4. When the Memphis Police Department receives your transcript, it becomes the property of the City of Memphis and cannot be released to any other person or agency.

NOTE: ALL TRANSCRIPTS MUST BE RECEIVED AT THE MEMPHIS POLICE EMPLOYMENT TEAM OFFICE BY MAIL FROM THE COLLEGE/UNIVERSITY. TRANSCRIPTS DELIVERED IN PERSON OR MAILED BY YOU WILL NOT BE ACCEPTED.

Detach the form provided below and mail to the College or University that maintains your permanent transcript.

NAME OF COLLEGE OR UNIVERSITY:_____

TO WHOM IT MAY CONCERN: I have applied for a position with the Memphis Police Department. I am requesting that you mail a copy of my official school transcript to the Memphis Police Department at the following address:

**Employment Service Center
125 North Main Street, RM 1B-33
Memphis, TN 38103**

My name is (Last, First, Middle):_____

My name at the time I attended your school was (Last, First, Middle):_____

My complete mailing address is (include city, state and zip code):_____

My home phone number:_____ My work phone number:_____

My date of birth:_____ My Social Security number:_____

I attended from:_____ To:_____ Degree obtained:_____ Date:_____

I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY FEE INCURRED BY MAKING THIS REQUEST.

Signature:_____ Date:_____

PLEASE RETURN THIS FORM WITH TRANSCRIPT

**MEMPHIS POLICE DEPARTMENT
APPLICANT INVESTIGATION SQUAD
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Memphis Police Department, whether the said records are public, private or confidential in nature.

The intent of this authorization is to **give my consent for full and complete disclosure** of the records of educational institutions; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records; complaints or grievances filed by or against me and the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case, whether criminal or civil, in which I presently have, or have had an interest. This waiver also gives authority to release law enforcement or criminal records or information from a law enforcement agency.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Memphis Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and **I do hereby release said person(s) from any and all liability** which may be incurred as a result of furnishing such information.

A copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature (include maiden name)

Address

City

State

Zip

Phone

Date of Birth

Social Security Number

****This form MUST BE NOTARIZED by a notary
before your application will be accepted.
THIS FORM MUST BE SIGNED IN FRONT OF THE NOTARY.**

Sworn to and Subscribed before me this _____ day of _____, 20_____.

State of _____ County of _____

My Commission Expires: _____

NOTARY

